

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

David CHIEN et al.

Title:

A BIOLOGICAL SAMPLE STORAGE DEVICE AND METHOD FOR

BIOLOGICAL SAMPLE CONTAMINATION TESTING

Appl. No.:

Unknown

Filing Date:

December 12, 2003

Examiner:

Unknown

Art Unit:

Unknown

## UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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## Enclosed are:

[X] Specification, Claim(s), and Abstract (23 pages).

[X] Formal drawings (4 sheets, Figures 1,2,3,4).

[X] Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims		Included	Extra		Rate		Fee
	as		in	Claims				Totals
	Filed		Basic Fee					
Basic Fee						\$770.00	=	\$770.00
Total Claims:	31	-	20	= 11	x	\$18.00	=	\$198.00
Independents:	3	-	3	= 0	x	\$86.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$290.00							=	\$290.00
Surcharge unde	r 37 CFR	1.16	(e) for late f	iling of	+	\$130.00	_	\$130.00
<b>Executed Decla</b>	ration and	l late	payment of	filing fee			_	_
				-	S	SUBTOTAL:	=	\$1388.00
[ ]	Small Entity Fees Apply (subtract ½ of above):						=	\$0.00
				T	OTAL I	FILING FEE:	=	\$1,388.00

- [ ] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

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